

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 Restricted O Objected

Claim	Date						
Final	Original	10/1	2/1	7/1	5/2	10/2	7/3
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Claim	Date						
Final	Original	10/1	2/1	7/1	5/2	10/2	7/3
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Claim	Date						
Final	Original	10/1	2/1	7/1	5/2	10/2	7/3
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If more than 150 claims or 10 actions
staple additional sheet here

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